SCOTTISH HEALTH SERVICES

DEPARTMENTAL COMMITTEE'S REPORT[1]

(*Concluded from page 87*)

Part IV of the report is of great practical importance. It has two chapters, the former dealing with finance and the latter with administration. An attempt is made to estimate the cost, or additional cost, of the extended general medical service proposed. It is, of course, recognized that any such estimate must be approximate and provisional.

Financial Calculations

As calculated in an Appendix, the total amount spent in Scotland on health services (1932–3 for the most part) was £19,249,893 ; but this

" does not include the sums paid for medical attendance and drugs under schemes for works doctors or under voluntary schemes, nor does it include the income derived from the private practice of doctors, dentists, nurses, etc., nor the corresponding expenditure on drugs and appliances. These items must obviously amount in all to a very substantial sum. There are many other items which could reasonably be included were reliable figures available."

Reliable estimates have been made as to the numbers of insured persons and of their dependants. In round figures (rather above the mark) they may be taken as 1,900,000 and 1,600,000 respectively. This low estimate of the dependants may surprise some, but not those who have considered the matter carefully, and it seems certain that the number of dependent children will diminish somewhat rapidly within a few years. For the purposes of this calculation the medical capitation fee is taken as 6s. for the dependants. If the same amounts are allowed for drugs, for mileage, and for administration (though this should be less per head) as for the present insured persons the total additional sum required for this purpose should be about £720,000 a year. The necessitous (Poor Law) entrants to the general service and their dependants are estimated at 130,000, and their annual cost at £71,000. Other entrants cannot reliably be estimated, but the relative cost cannot be very serious. To meet this expenditure on a contributory basis, assuming an Exchequer grant in the same proportion as for insured persons at present, but without any contribution from employers, a weekly contribution for not less than forty weeks a year of 3d. from each insured man and 1d. from each insured woman would be required. For maternity services the cost is estimated at £310,000. This includes the services of midwives, general medical practitioners, consultant obstetricians, and hospitals. Towards this it is proposed that there would be forthcoming from maternity benefit, from medical benefit contributions, and from payments from women " outwith the insured class who can afford to pay " some £144,000, leaving the balance to be provided by a direct charge on local authorities in lieu of their present expenditure for this purpose. The development for other health services would naturally increase their total cost, but these are rate-borne services bringing an Exchequer contribution. The Committee recommends that " for the provision of additional hospital facilities a grant of 50 per cent. of approved capital expenditure should be given to local authorities for a period of years, with an additional percentage for heavily burdened areas, and adds: " We see no immediate prospect of reduced expenditure on health services. These services have proved to be highly beneficial to the State, and in the normal course additional expenditure would be incurred. In our view, economy is to be found by reducing the burden of ill-health and by securing that all measures for this purpose yield their maximum results. Our recommendations for a co-ordinated national health policy have been framed with these objects in view."

[1] Department of Health for Scotland. Committee on Scottish Health Services Report. Cmd. 5204. H.M. Stationery Office. 1936. (6s.)

A Contributory Basis

One of the debatable questions involved in such estimates is whether the service should be financed on a contributory insurance basis, or, alternatively, entirely from rates and taxes without any charge to those receiving the service. The pros and cons of this argument are fairly set out in the report. The Committee believes that the proposed additions to statutory contributions could be borne by the existing system (since in some areas and by many employees even larger voluntary contributions are regularly made for these purposes), and that " services which are in the immediate interest of the community, and which the community can afford, should not be held up because of the imperfections of the actual machinery for financing them," and it considers that the " whole subject of the finance of social services, including the proportions that should be met from imperial and local taxation respectively, and how much should be raised by contributions from workers and employers, should be comprehensively examined in the near future." Meanwhile it says: " We take the view that the contributory scheme should be retained. . . . We accordingly recommend that the extensions of general practitioner services should be financed as far as possible on a contributory basis." There is an important reservation on this recommendation by no fewer than seven members of the Committee. This is not a question to be decided by medical opinion, but it is significant that the evidence of all important medical organizations leant towards retaining the contributory scheme, though without stressing it.

Administrative Considerations

In the chapter on administration the chief points discussed are (1) the suitable size of areas of administration ; (2) the substitution of some local government machinery for that of the existing insurance committees ; (3) the strengthening of the authority or influence of the central health department ; (4) the supervision of the general practitioner service. The fact that the great majority of local government areas in Scotland are small in population creates administrative difficulty in the sphere of health, as in others. The same fact must influence the relative powers of the central and the local authority. To remedy this it has been proposed that the whole country should be divided for health purposes into five regions based upon the four large towns and upon Inverness. This would have very manifest advantages, but the Committee rejects it, at least at present, except for a reservation by Sir Andrew Grierson. It prefers instead to rely upon co-operation among local authorities for the exercise of functions over wider areas, together with the strengthening of the powers and initiation of the central health department. It has come to the conclusion that insurance committees should be abolished and other administrative arrangements made. The relevant recommendation reads as follows:

" The functions of insurance committees should be transferred to the local health authorities, and the transfer should be accompanied by (*a*) a requirement on local authorities to constitute a subcommittee of the public health committee to which the administration of the general practitioner service should stand referred, (*b*) a requirement on the Department to survey forthwith the areas of administration of the general practitioner service with the object of putting into effect their powers of enlarging areas of administration. The subcommittee might be composed of members of the local authority, who should constitute a majority, and of representatives of the insured persons, and of the medical profession. Medical advisory committees appointed by the medical profession for an area of a local authority or a combination of local authorities should have the right to make representations to the local authorities, who should be bound by statute to consider them."

The Family Doctor Service

The general principles of the family doctor service would remain those which at present prevail in the national health insurance service, including the right of all registered medical practitioners to participate if they

wish, but certain important conclusions and recommendations are thus summarized:

"The object of supervision of the general practitioners is to secure a high standard of service. There are wide fields, however, of individual judgement and skill in general medical practice that disciplinary action cannot enter and where attempts at minute control and supervision would be harmful. The quality of the service will depend mainly on the quality of the entrants.

"If the principle of non-selective entry to the general practitioner service is to be retained it will be necessary to take measures to raise the standard of entrants.

"The isolation of the insurance practitioner does not make for high standards of service, and it is, in our view, one of the chief merits of our proposals for a co-ordinated extended medical service that they will bring the practitioner into direct and frequent contact with the diagnostic centres, clinics, hospitals, and consultants at the disposal of the authorities. These contacts will be a powerful aid towards raising standards.

"We assume the continuance of the obligation to keep medical records and, generally, of the administrative measures which the Department of Health for Scotland may consider necessary for supervising the service.

"The Department should have on their staff a number of medical men, with wide experience of general medical practice and qualities of tact and judgement, whose primary duty it should be to keep in touch with general practitioners to give them advice and help. The referee and second opinion work, which is done at present by the regional medical officers, should be closely linked with the diagnostic centres, clinics, hospitals, and consultants at the disposal of local authorities.

"The existing disciplinary procedure is unnecessarily elaborate and cumbersome, involves the central department in too detailed responsibility for discipline, and places too great responsibility on medical men in small areas for judging their neighbours and colleagues. We submit proposals for a simplified and improved procedure."

The one sentence in the whole report which is not self-explanatory to those intimately acquainted with the subject is that of the second subsection above quoted. It is nowhere explained what is intended or implied by the suggestion that the "standard of entrants" should be raised, if it means anything more than is contained in the next subsection. If anything further is involved specific proposals should have been made.

General Conclusion

In the final three pages of the main report the general conclusion of the whole matter is admirably stated. The most vital of these paragraphs reads as follows:

"In modern conditions, we think, the State must depend increasingly on the general medical practitioner, acting normally as family doctor, for the medical contribution to further progress in public health. The inability of many persons, especially women and children, to secure adequate and timely medical attendance at home seriously hampers the efficiency of the medical and allied services, and this inadequacy, we find, is compelling the statutory services to develop away from the general medical practitioner. We submit proposals, therefore, to encourage the biological outlook in medicine generally, and to bring the general medical practitioner and the official services together into a co-ordinated effort to improve the health of the people. These proposals involve, among other things, the extension of existing medical services to include provision for general medical attendance on the dependants of insured persons and others, and the co-ordination of these services so that the general medical practitioner would act in liaison between the homes of the people and all other health agencies. We believe that the association between the family doctor and the official health services will increase the efficiency of the services, help to raise the standard of general medical practice, and make possible a further great advance in public health. Whether or not it is found possible to adopt our proposals in their entirety, it will be necessary, we think, for the State to lay down without delay the lines along which the development of the medical and allied services should proceed. Otherwise, in our view, the issue will be settled by local and sporadic developments now in progress."

There can be no doubt that this report is of the greatest value and importance to the whole country as well as to Scotland, that the members of the Committee have performed excellently a laborious task, and that their thanks to the secretary, Mr. Niven F. McNicoll, are thoroughly well deserved.

BEIT MEMORIAL TRUST FOR MEDICAL RESEARCH

A meeting of the trustees of the Beit Memorial Fellowships for Medical Research was held on July 10th for the election of Fellows and other business.

Fellowships during the year 1935–6 were held by twenty-four full-time workers. The places of research for the Fellows have, in process of time, attained a much wider distribution than at the beginning of the Trust, when its resources were used mainly to aid work in laboratories of the various schools of the University of London. Out of the twenty-four Fellows there are now nine working in London, six in Cambridge, four in Edinburgh, one each in Oxford, Cardiff, Liverpool, and Aberdeen, and one studying pellagra in South Carolina, where that disease is rife.

The trustees have rarely made deliberate attempts to foster work in some field of inquiry chosen by them, and their policy has been rather that of selecting men for their ability and leaving them free to develop their own subjects of research in relation to medicine. But the trustees note with satisfaction that in the very active zone of advance in knowledge of the influence of internal secretions upon the reproductive organs three of the chief workers in Great Britain are, or have recently been, Beit Fellows. Their experimental studies on animals are rapidly yielding the exact information about these intricate processes which is needed to guide clinicians in their attempts to control faults of development or function of the reproductive organs in the human patient.

The honours gained by past or present Fellows during the recent year include a knighthood for services to medical education in Australia by C. S. Hicks and a Fellowship of the Royal Society by E. B. Verney. E. Hindle has been elected Regius Professor of Zoology in the University of Glasgow; J. T. Irving to be head of the physiology department in the Rowett Research Institute, Aberdeen; H. P. Himsworth was awarded the W. J. Mickle Prize Fellowship for 1936 of the University of London; and J. S. Mitchell has been elected to a Fellowship in St. John's College, Cambridge.

Election of Fellows

Elections to Fellowships were made as follows:

Fourth Year Fellowships (value £500 per annum).—Eric Stephen Horning, D.Sc. To continue his research on the cancer-producing effects of oestrogenic compounds, and on the possibility of producing tumours *in vitro* (laboratories of the Imperial Cancer Research Fund, London). William John Dann, Ph.D., B.Sc. To continue his study on the vitamin B_2 complex in reference to the treatment of pellagra (Duke University School of Medicine, North Carolina, U.S.A.).

Junior Fellowships (normal value £400 per annum).—Isaac Berenblum, M.D., M.Sc. Proposed research: Mechanism of skin irritation by chemical substances in reference to their action as exciting or preventing the development of cancer (Dunn School of Pathology, University of Oxford). Donald Devereux Woods, B.A. Proposed research: Metabolism of the anaerobic bacteria, and the phenomenon of adaptation in bacteria (Dunn Institute of Biochemistry, University of Cambridge). Albert Neuberger, M.D. Proposed research: Study of the carbohydrate group in proteins and its possible relationship to their antigenic properties in bacterial immunity (Department of Pathological Chemistry, University College Hospital Medical School, London). Charles William Bellerby, M.A. Proposed research: Control of the reproductive cycle by anterior lobe of pituitary (Department of Social Biology, University of London). Thomas William Birch, B.Sc., Ph.D. Proposed research: Identification of the component parts of the vitamin B_2 complex (Nutritional Laboratory, Cambridge). Lillian Mary Pickford, M.Sc., M.R.C.S. Proposed research: The part played by the posterior pituitary gland in the control of water excretion by the kidneys (Pharmacological Laboratory, University of Cambridge). Richard Julius Pumphrey, M.A., Ph.D. Proposed research: Sensory physiology of insects, and electrical response in the central nervous system to peripheral stimulation of afferent nerves (Zoological Laboratory, University of Cambridge). Thomas Arthur Howard Munro, M.B., Ch.B. Proposed research: The role of inheritance in mental disorder (Royal Eastern Counties Institution, Colchester).

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